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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

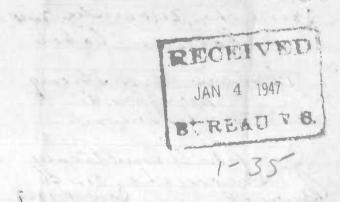


12542

CERTIFICATE OF DEATH

Reg. Dist. No. 3500

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) tf veleran, name war
3.(a) FULL NAME Jessee Chronists	3. (b) Social Security Number
4. Sex (5. Color or race 6.(a) Single, married, widowed, or divorced male Colored Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
8.(b) Name of husband or wifa. Community Commu	21. I CERTIFY that death occurred on the date above stated: that valended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days tiles than one day	Immediate cause of death
83hrsmin.	61 . //
9. Birthpiace Poco A Workston Mo (Town, county, and atate) 10. Usuat occupation. Labor	Due to hronce pocaraly years
11. Industry or business	Jones Jafelyn Fred
12. Hamo Thomas Cessistioning	Other conditions are suffered Services weeks
12. Namo Acorras Cersalitados 13. Birthplace Transpland.	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
El 15. 8irthplace	
18. informant.	Autopsy results
Address / Pacomone mok	22. VIOLENCE: tt death was due to external causes, till in the tollowing:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator The CCs Thalf Bassates	Where did injury occur?
Location Presal Pocossoh (St. M.	Injured at home, tarm, industry, public place (where?)
do all A	Meens of tnjury tnjured at work?
18. Funeral director The Track	Il Castorius
Address October 11 11 11 11 11 11 11 11 11 11 11 11 11	23. SIGNATURE M. D. or other
19. And 2 19 47 And Collaboration (Date rec'd by registrar) Registrar	Address Joesmark City Ald Date signed 12/30/4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

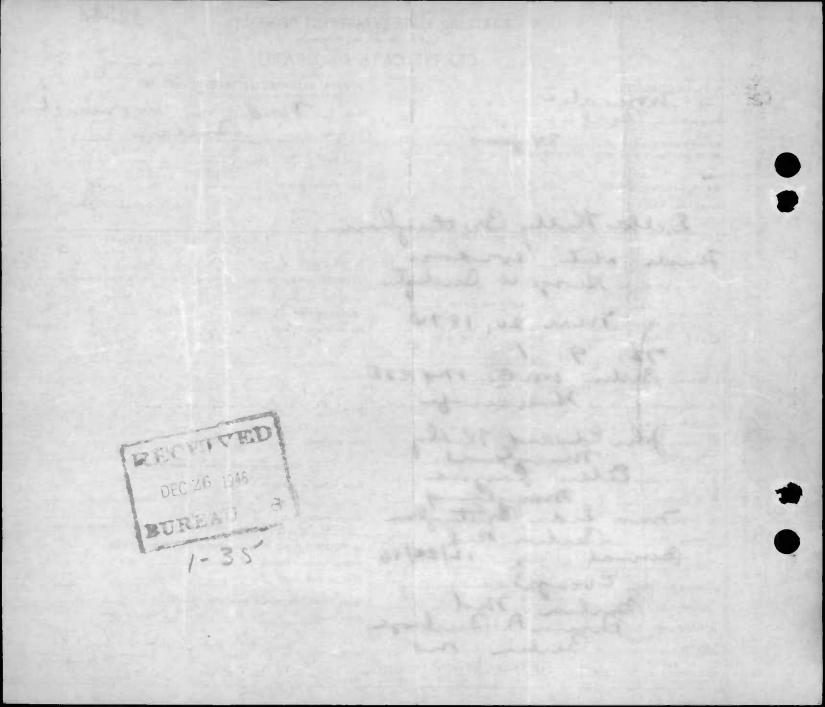


CERTIFICATE OF DEATH

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6		35	01
Den Di	A BY-	3 5	30

12543

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County	State Md County William Lin
(If outside city or town limits, write RURAL and give nearest town)	0. 1.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where doath occurred:	Street No
How long in hospital or institution?	2.(a) tf veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Della Relly Brettingly	ya.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finale white widow.	20. DATE OF DEATH 12-22 46 5, at 3:00 9 M
8.(b) Namo of husband or wife. Henry W. Brilly	21. I CERTIFY that death occurred on the date prove stated: that I attended deceased from
7. Birth date of	and that I last saw Pl alive on 12-21-46 19
deceased (mo., day, yr.) M. 20 1874	Impodiate cause of death DURATION
8. AGE: Years Months Days It fees than one day	Cereberal Hemorthof
0 1 10 10 10 76	Duo to.
9. Birthpiace	00010
10. Usual occupation	Duo to Ay perlense
11. industry or business	
12. Name The Clus and Trelly 13. Birthptaco	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Eller Personal 15. Birthptace Maryland	Major fiudings ul uperatiuus.
15. Birthplace Maryland	Date of op.
18. Interment June Lide British	Autopsy results
Address Besten And	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B12-12-12-12-14-	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17	Accident, suicide, or homicide
Cemetery or cromatory.	Where did injury occur?
Location D. L. Da.d.	tnjured at home, farm, industry, public place (where?)
18. Funoral director A. Bull	Moans of injury tnjured at work?
Address Bulling Mal	Olifford E. Caball
12/89 H Tolon A. Harring	23. SIGNATURE M. D. M. D. M. D.
(Date rec'd by registrar) Registrar	Address Date signed

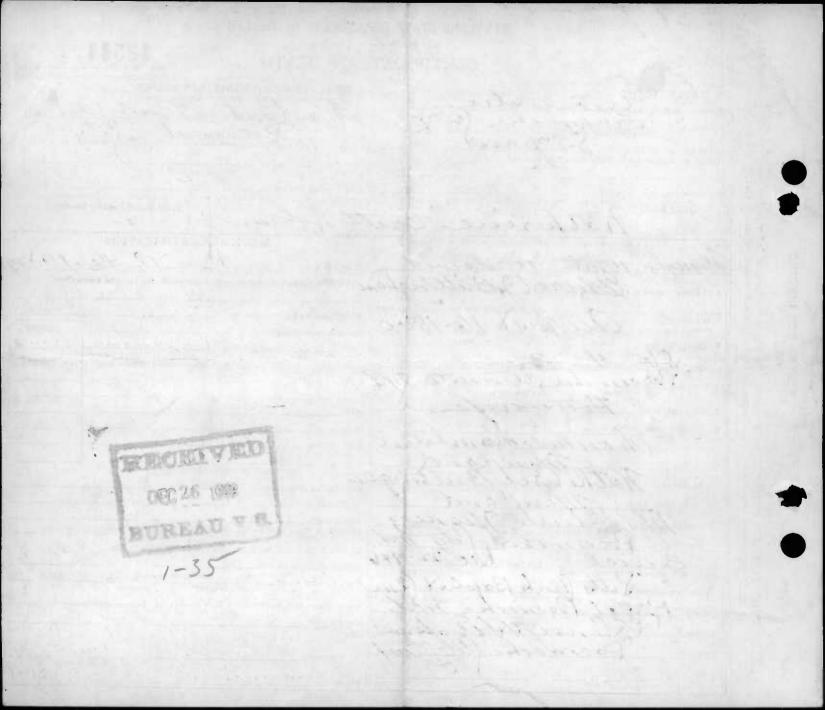


CERTIFICATE OF DEATH

1. PLACE OF DEATH County City	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. Mandalana County County
(If outside city or top slimits, write RURAL and live nearest town) How long in above place of death?	City or lown
Hospilal, Institution, or street address where death occurred:	Sireet No. (If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veleran, name war
	Ellengham 3. (b) Social Security Number
4. Set 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Geneale White Widowed	20. DATE OF DEATH. 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
8.(b) Namo of husband or wesselland & Brittingho	1 CERTIFY that death occurred on the date above stated; that I attended deceased from
(c) If alive, give age years	
7. Birth date of deceased (mo., day, yr.) Cultificult 16-1860	Immediate cause of death
8. AGE: Yeare Months Days If feee than one day	Brondinal Treumaina Luck.
9. Birthplace Occornate Wassetter Topla Town, county, and state)	Due to levelity
10. Usual occupation.	Due to
11. Industry or business	
12. Name / Sportage of marchanel	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name Hathers Continue	Major fiadiags of operations.
\$1 15. Birthplace	Dale of op.
18. informant f.	PHYSICIAN: Please underline the cause to which death should bu charged statistically.
Address Pacomote 199.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation of Famoval, Which?) (Burial, cremation of Famoval, Which?)	Accident, suicide, or homicide
Cemetery or crematory states sale Baletine Com	Where did injury accur?
Location Location Total Transfer Title	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Possorotae (ite)	23. SIGNATURE M. D. or other
19. Olt. 22 1946 and Thite	12-21-46

PLEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE

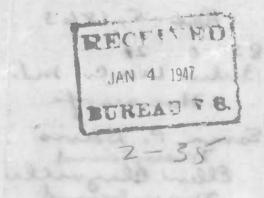
MARYLAND STATE DEPARTMENT OF HEALTH %.

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

12545 Reg. Dist. No. 3550

1. PLACE OF DEATH: County Coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	State County Worlds le
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh?	City or town
Hospilal, institution, or street address where death occurred:	Streel No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mary Carherine Burl	3. (b) Social Security Number
4. Sex 5 Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Terral white ividor	20. DATE OF DEATH. TUC 25 19 46 1 4. 96 Au
5.(b) Name of husband or wife Charles 14 Burley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h at alive on 12-2
deceased (mo., day, yr.) Wee - 5 1863	Immediate cause of death
8. AGE: Years Months Days If less than one day O 2.6	Enrowe Mygocolaus
9. Birthplace Bellin Ord Co Ind. (Town, county, and state)	Due 10. Hy perleus
1D. Usual occupation. Donath	Due 10 Obione Int Map.
11. Industry or business	
12. Name Some Paros 13. Birthpiace manloud	Diher conditions
# 14. Maiden name Ellen Clanvelle	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace mary	Date of op.
16. Informant one Harry Dans	Autopsy results
Address Survisible mil	22. VIOLENCE: If dealh was due to expernal causes, fill in the following:
(Burial, cremation, or remayal. Which?) Bate Ihereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Every een Com-	Where did Injury occur?
Location Beslein med	Injured al home, farm, industry, public place (where?)
18. Funeral director. Duna A. Bullian	Means of injury Injured all work?
Address Bulling and	20 SIGNATURE Clafford E. Sohoth
19. 12. 27. 1946 Helan F. Haywar Registrar	Address Berlen md . Date signed 12/21/46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9500

CERTIFICAT

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M. D. on other

Date signed.....

E OF DEATH	Reg. Diat. No	3550
2. USUAL RESIDENCE (HOME (For newborn infants give residen	E) OF DECEASED:	
(For newborn infants give residen	1111-1	
State	County LUDG	*************************
City or town (If outside city or town	limits, write RURAL and give near	reat town)
Street No. (If rural,	giye LOCATION)	
2.(a) If veteran, name war	***************************************	
	3. (b) Social Security	Number
MEDICAL	CERTIFICATION	1.15
20. DATE OF DEATH 12-27	19-46	16 40 P
21. I CERTIFY that death occurred on the da	te above stafed; that I attended decea	sed from
12-26	1946, to 15-50	19.7
and that I last saw h. 10003alive on	12-26-46	19
		OURATION
Immediain cruse of death Phronic M	yocardites	
	1	
Due fo	<u>V</u>	*****************
Due fo	······	***************************************

Other conditions	********************	********************
(Include pregnance with	hin 2 months of death)	
- 1		
Major findings of operations		me
770	Date of op.	
Autupay results	to which death should be charged	statistically.
22. VIOLENCE: If death was due to extern	nal causes, fill in the following;	
Accident, suicide, or homicide	ouc - Date of	
Manifestral assessed as morning		
	wn) (County)	(State)
Where did Injury occur?(City or to		

1. PLACE OF DEATH: How long in above place of death? Hospitat, Institution, or streef address where teath occurred:

How long in hospital or institution?....

3. (a) FULL NAME

4. Sex

S.(c) If alive, give age 7. Birth date of

deceased (mo., day, yr.) Days If less than one day 8. AGE:

9. Birthplace.

1D. Usual occupation

11. industry or business 13. Birthplace

14. Maiden na 15. Birthplace 14. Maiden name

16. Informant.

Address

Date thereof... (Burial, cremation, or removal, Which?)

Location

18. Funeral director Address

(Date rec'd by registrar)

Registrar

Address.

28. SIGNATURE...



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-6



12547

CERTIFICAT	E OF DEATH Reg. Dist. No. 3550
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State County County County City or lown (If outside city or town itmits, write RURAL and give nearest town) Street No. (If rurai, give LOCATION) 2.(a) If veteran, name war.
STEPITEN CZAPP.	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MALE VYI+1TE MARRIEID 6. (b) Name of husband or wife MARY CZAPP.	MEDICAL CERTIFICATION 2D. DATE DF DEATH
7. Birth dale ot deceased (mo., day, yr.) No Y, 26, 1893 8. AGE: Years Months Days It less than one day	and that I last saw h last alive on Dec 26 18.46 Immediate cause of death DURATION
8. Birthplace MONDAK: HUNGARY. (Town, county, and atate)	Due to Careland Thrandais 3ms.
10. Usual occupation	Due to
14. Malden name LAN RAN ON STATE 15. Birthplace HUNGARY 18. Intermant MRS MARY CZAPR	Major findings of operations
Address BERLINI THE TENENT OF THE TENENT O	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Location BURBAGE Address BY RUIN TO	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work? 23 SIGNATURE M. D. or other
19. 12 27 19 16 Jelen J. Haywa	Address Frankford sel Date signed 12-28-46



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600)

CERTIFICATE OF DEATH

12548

Reg. Diat. No. 35

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town. Street Mo (If rural, give LOCATION) 2.(a) If veleran, name war
3. (a) FULL NAME Mot name	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH LICE. 22 19 44 21 M
6.(b) Name of husband or wife	and that I last saw h.K. alive on 22 2 1916
8. AGE: Years Months Days It less than one day 8 2 hrs	Immediate cause of death
9. Birthpiace	Due to Anomalie Amendais Diher conditions
14. Malden name Christie Schoolfield 15. Birthplace 16. Informant Orin & Janis	(Include pregnancy within 8 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Scarboraugh Switch and 17. Date thereof Wac. 73./446 (Burial, cremation, or removal, Whichia) (month) (day) (year) Cemetery or crematory Advance Config. Location Aman I faul Mark	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Atochtan mul 18. Lie 23 (Date rec'd by registrar) 19. 46 Many M Tayly Registrar	Meana of injury injured at work? 23. SIGNATURE / Learnan Alpholosoft M. D. or other M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County June Markesles	1111
(If outside city or town limits, write RURAL and give nearest town)	State County Rosells
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) II veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
May da diorlas	ne
4. Sex. 5. Color or vece 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
semale a. a. Married	20. OATE OF DEATH. 1 Dec 19.46 at 4.32 D.M
La bet Ningk	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife A. Carallela J. Marie forman	1900 1846 to Dec 1846
7. Birth date of	and that I last saw h.C.K. alive on 30 No. J. 1976
deceased (mo., day, yr.) / 190 / 6 1890	Immediate cause of death Lo Go Documenta DURATION
8. AGE: Years Months Days Il lese then one day	Bt Lower love: 7 dor.
about 5.5 1 14- min.	
9. Birthplace Aff nafar hand (Yown, county, and state)	Due to
10. Usuai occupation Afansluife	Due In
11. Industry or business Samuel las allowel	
12. Name Alfred Smale and 13. Birtholace Synahus and	Other conditions It for Icasius Curdio
	(Include pregnancy within 3 months of death)
14. Malden name May Somak 15. Birthglace and Johnson	Major findings of operations. None.
\$15. Birthplace ay for fully and	Date of op.
16. Informant M. J. Washell J. C. D. J. L. D. J.	Autopsy results
Address folden and	22. VIOLENCE: If death was due to external causes, IIII in the following:
17. Buriai, cremation, or removal, Which?) Date thereol. (month) (ony) (year)	Accident, suicide, or homicide
Cemetery or crematory To and the After After Comments	Where did injury occur?
Location Syrralux and	Injured at home, farm, industry, public place (where?)
18. Funeral difector and established Stewart	Meens of Injury Injured at work?
Address Baleshusy md	A. M. Can
12 4 11/ 50	23. SGNATURE M. D. OFFICE
19	Address Ocean C + & M V. Date signed 3 Dec.



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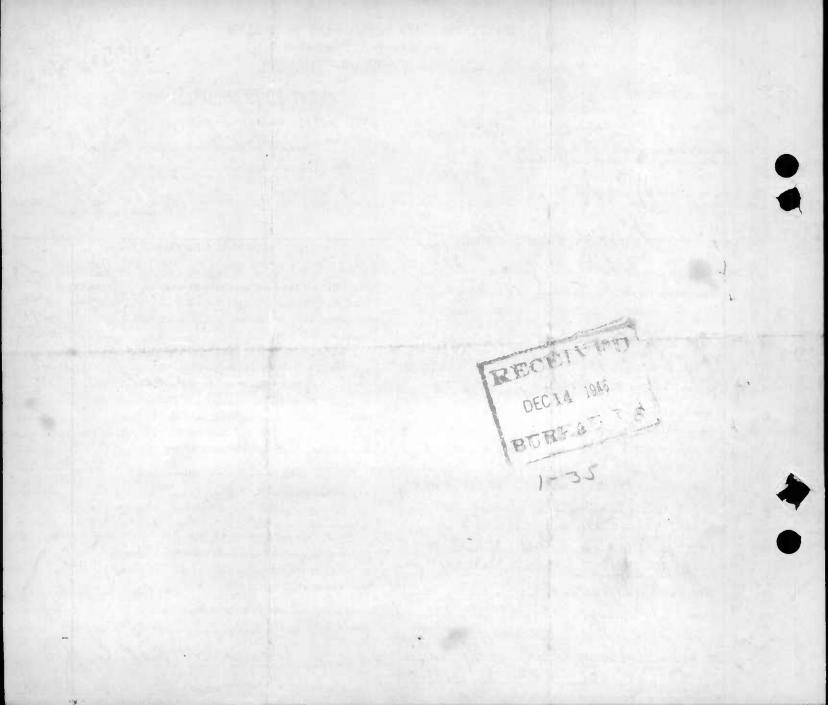
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

125513570 Reg. Dist. No. 13570

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF (Ear pewborn infants give residence of n State County of town (If ourside city or town/timits, Street No. (If rural, give) 2.(a) If veteran, name war.	write RURAL and give near	## / rest town)
3. (a) FULL NAME		3. (b) Social Security N	Number
Hamu Lee Wastings		none	
4. Sex 5. Color or race) 8. (a) Single, matried, widowed, or proceed Male Married 8. (b) Name of husband or wite Classes Se. (c) 11 alive, give age 4. 9 years	20. DATE DF DEATH. Alexanders 21. I CERTIFY that death occurred on the date above 16 Learning 19.	e stated; that I attended decea	sed from
7. Birth date of deceased (mo., day, yr.) May 11- 1884	and that I last saw h.lalive on	i	19. V. 4
8. AGE: Years Month Days If less than one day	Immediais cause of death	relin -	DURATION
62 6 29min.	moundity		320
9. Birthplace Mullis Manufacture M. G. Town, county, and atate)	Due to anthron Br	mcheil	
10. Usual occupation	Due to		***************************************
11. Industry or business amount			
12. Name to tran H. Hastings.	Other conditions. Znanacom	.	***************************************
	(Include pregnancy within 3 m	onths of death)	
14. Maiden name. Mar dene marshall. 15. Birthplace maryland	Major findings of operations		
≥ 15. Birthplace Many Conf		Date of op	
16. Informant	Antopsy results		statistically.
Address Works Md Rund # 17	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	ses, fill in the following:	
lot incode	Where did injury occur?(City or town)		(State)
Cemetery or crematory			
Location	injured at home, farm, industry, public place (wh Misens of injury	tnjured at work?	
18. Funeral director		1) 0
Address Inton Hill M. G.	23. SIGNATURE LANDING	h Kahhn	ma
19. (Date ree day registrar) (Date ree day registrar) (Date ree day registrar)	Address fram Will m	M. D. o	11 Cle XI



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

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	Keg.	Dist.	No.		٠٠٠٠٠٠		-

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1. PLACE OF DEATH: Wange at	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County	State Mondoned County Workester
(If outside city or own limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Hospital, institution, or street address where death opeurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Millie Pate He	mphill 3. (b) Social Security Number
Jemsle While Willow	MEDICAL CERTIFICATION 20. DATE OF DEATH DEC. 13, 1944 at 9:00 P. M.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from the date above stated; that i attended deceased from the date of the dat
7. Birth date of deceased (mo., day, yr.)	and that Vlast saw her alive on 12-5-46
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
68 1 3nrsmin.	her left breast, instactacises
9. Birthpiace	Due to Ir lying and flessed.
1D. Usual occupation	Due to.
11. Industry or business Acuseum	DUE 10
12. Name	Other conditions
13. Birthplace 14. Maiden name Dallie Unit Buinting 15. Birthplace	(Include pregnancy within 3 months of death)
To Sichhaine	Major fiadings of operations.
15. britiplace	
Address Bushow Ma R.F.D.	Antopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
12 -0 1 10 11 1911	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Bishopville ma	Injured at home, farm, Industry, public place (where?)
m Below Hoston	Means of injury Injured at work?
18. Funeral director	A. A. RAKEROV.
Address Delbywelle, Blet	23. SIGNATURE PRANCE DECORATION OF THE PRANCE OF THE PRANC
12/14 Rolla Mrs Cor Base	M. D. or other
(Date rec'd by registrar)	Address Fullaria Date signed 12-12 Tro.

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MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

12552

	CATE OF DEATH Reg. Dist. No. 35
CERTIFIC	CATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: Major for	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).
County. // WCLSUD	Mayland Warrity.
City or town	State Sounty Sounty
How long in above place of death?	City or town (If optside city or town/limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No. (If rursl, give LOCATION)
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Mangaret W. Lacks	on Mone
4 Sex 5 Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
treamale White Widower	20. DATE DE DEATH Allenselles 19 19.46 21 S.
Alexander of the second	20. DATE DF DEATH. A SALE AND
6.(b) Name of husband or wite	19 to
7. Birth date of	years and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death DUR
8. AGE: Years Months Days It less than one day	mosardid descursion
\$4 3 8hrs.	min. of last chronic mobbitis
Muras Warrestor ma	But Ru gangrew of ht las
9. Birthplace (Town, county, and state)	tors / / / / with
10. Usual occupation. Sauseurge	Due to.
11. Industry or business of Ann Home	
# 12, Name Julie Bradford	Dther conditions.
13. Birthplace Maryland	
K Jallia Bolina	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings ol operations
15. Birthplace Mayband	Date of op
16. Informant 2. Olange Ming Charles	Autopsy results
Address Munach mg Runal #1	
1 Burial Date Thereof Dec 21/4	22. VIOLENCE: tt death was due to external causes, till in the following:
(Burial, cremation, or removal) Which?) (month) (day) (year	
Cemetery or crematory & 96 West 1	Where did injury occur?
Location VISISTARE, MA	Injured at home, farm, Industry, public place (where?)
1 Wa B Danney 1	Means of injury Injured at work?
18. Funeral director	01 1/2 12
Address Show Hell My	23. SIGNATURE TO LOW & / City Dys, Mus Ex
12hol 46 Februsia	M. D. or other
(Date rec'd by/registray)	egistrar Address Lugary Dec Ma Date signed / 2/20



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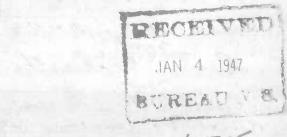
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County World	State Marifland County Worcester
Cily or town	State Resident Control
How long in above place of death?	City or town
How long in above place of death?	Sireet No.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) veteran, name war
	3. (b) Social Security Number
3. (a) FULL NAME Filmore Dennie	James 717-07-9097
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Colored Single	20, DATE OF DEATH Woosenbut 29 46 21 12 45 PM
	21. I CEFFFY that death occurred on the date abova stated; that attended deceased from
6.(b) Name of husband or wite	Jean him 19 14 oral 10
	and that I last saw halive on
7. Birth data of deceased (mo., day, yr.) Cluck 25-1907	Immediate cause of doth
8. AGE: Yeara Months Days It less than one day	1 of June
39 4 H	in. Jamoshand deing trants.
Benel Pocossole Worrester Mary	A five to
9. Birthplace Ferrice Tocossole Workerte Mary	
10. Usual occupation Labor at packing house	Die to
11. industry or business	
	Other conditions Delicina y weeks
12. Name Colliand Famula 13. Birthplace Mid.	
	(Include pregnancy within 3 months of death)
14. Malden name united. Smelk 15. Birthplace 7md.	Major findings of operations
S 15. Birtholace md.	Date of op.
(Granie H hances)	Antoney results
18. Informant D D D D D D D D D D D D D D D D D D D	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Rurel Pocassothe (19)	22. VIOLENCE: II death was due to external causes, till in the following;
17. Buttle Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Buriat, Cremitation, Or Temoral, William)	
Cemetery or crematory And David Colonia	Where did injury occur? (City or town) (County) (State)
Location Rural Proposition Celty 2	Injured at home, farm, Industry, public place (where)
HI SPECIAL	Meana of Injury Injured at work?
18. Funeral director	1 > \ land
Address Cocomofee (City In	23. SIGNATURE
12 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. Signature: M. D. or other
19. And Confull Regist	trar Address Olas State Signed Rate signed



1-35

PLEASE

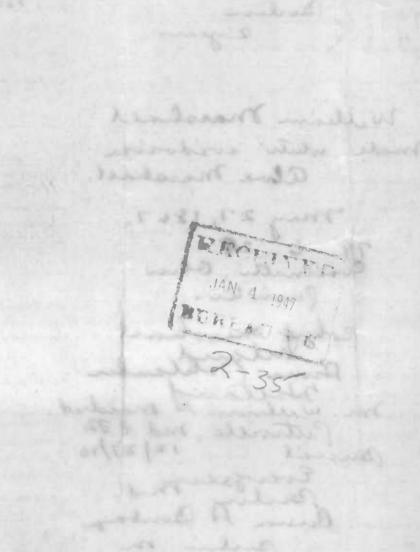
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 99

CERTIFICATE OF DEATH

12554 Reg. Dist. No. 3550

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother),
County	State md County Workstu.
City or town. (If outside city or town limits, write RURAL and give nearest town)	2
How long in above place of death?	City or town
magnas, manuscon, or arect audited whose boars occurred	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Marshall.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male well wravive	20. DATE OF DEATH 1) C 2 5 19 4 0 21 9 17 18
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw h. A. alive ea. 19.
deceased (mo., day, yr.) May 27, 1867.	Immedia@cause of doath DURATION
8. AGE: Years Months Days - If less than one day	Chronic Cloritates
19 6 219hrsmin.	
9. Birthplace (Town, county, and state)	Oue to
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Charles In 13. 8irthplace	Other conditions
# 14. Maiden name Prince / Solitander	(Include pregnancy within 3 months of death)
15. Birthplace Holland	Miljor Rudiags of operations.
2 1 15. Birthplace	Date of op.
Address Cuttoville, Md R FA	Autopsy results PHYSICIAN: Please underline the cause tu which death should he charged statistically.
12/27/4	22. VIOLENCE: If death was dusto external causes, fill in the following;
(Burial, remation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Berlin M.	Injured at home, farm, industry, public place (where?)
A A Bush	Means of injury Injured at work?
18. Funeral director	DiON END H
Address	3. SIGNATURE CLAFFORD 6. SCOTO
19. 12 27 (Date rec'd by registrar) 19 46 Jelen J. Haywa	Address Blerlin Fnd Date signed (2/06/46



PLEASE

edrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfea St., Baltimore 93-2

CERTIFICATE OF DEATH

12555570 Reg. Diat. No. 3570

1. PLACE OF DEATH: WOLD LARY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State / MANGLAMEN Bounty MANDETON	>
City or town (If outside city or town limits, write RIKAL and give nearest town)	Merinip	, * * * * * * * * * * * * * * * * * * *
How long in above place of death?	(If or town (If optiside city or town limits, write RURAL and give neares	t town)
Hospital, Institution, or street address where death occurred:	Street No.	
	(If rurai, give LOCATION)	
How long In hospital or institution?		···· <u> </u>
3. (a) FULL NAME / Hayler H. Hennewill	3. (b) Social Security Num	mber
Male White Widowed, or divoced	MEDICAL CERTIFICATION 20. DATE DE DEATH	200
5.(b) Name of hueband or wifeBette. 6. Dennisell	21. I CERTIFY that death occurred on the date above stated; that f attended deceased in the state of the stat	from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. 1 M. alive on the lender of the last of the	DURATION
8. AGE: Yeare Months Days if less than one dayhrshrs.		
9. Birthplace Mond Alle Marcester MG	Brenchitta Chamie,	1/2/10-
10. Usual occupation TIANAM	13-manum	
11. Industry or business	Due to	
12. Name	Dther conditions	
13. Birthplace May Cand	(Include pregnancy within 3 months of death)	
14. Maiden name Juttel al ackson	Major fiadiags of operations	
15. Birthplace D Maylond		
16. Informant Mr Jutker le Pennewell	Autopsy results.	
Address M RANGAR MG Rundl #1	PHYSCCIAN: Please underfine the cause to which death should be charged state	distically.
1) 12/1/1/2	22. VIOLENCE: tf death was due to external causes, fill in the following:	
(Buria, cremation, of temoval, Which?) Date thereof (month) (day (year)	Accident, eulcide, or homicide	
Cemetery or crematory AMMACLETA	Where did injury occur? (City or town) (County) (S	itate)
Location Drow Hill My	tnjured at home, farm, Industry, public place (where?)	
18. Funeral director. Illaus O Jannis	Meene of Injury Injured at work?	
Address Indu Hill Ma	Uhrman a Hably by	
120 -8 W. 8 D W	23. SIGNATURE Alexande Arabica Ly M. D. or o	other
19. (Date redd by redistrar) 19 Co A E Cay Suuch Registrar	Address from the man Date signed !!	Derx



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-2)

CERTIFICATE OF DEATH

How long in above place of death? Rospital, institution, or street address where death occurred: Street No	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State State County County
Hospital, institution, or street address where garn occurred: Street No.	New long in share place of death? 30 Might	(If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced 4. Sex S. Color or race S. Color	Hospital, Institution, or street address where death occurred:	
Birthplace Company C	The state of the s	
3. (a) FULL NAME 3. (b) Social Security Number Onl		
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced Condition	How long in hospital or Institution?	2.(a) If veteran, name war.
Comparison of husband or wife Comparison of husband or wif	Ethel H. Filchara	1 none
6.(c) Name of husband of wite Solution	The state of the s	X
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace December (Toym, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 15. C) If alive, give age. 9. Sirch date of death. 10. Usual occupation. 11. Industry or business 12. Name. 13. C) If alive, give age. 9. Sirch date of death. 12. Mame. 13. Due to. 14. Sirch date of death. 15. Immediate cause of death. 16. C) If alive on Alic. 18. AGE: Years Months Days If less than one day 19. Due to. 10. Due to. 11. Industry or business 11. Due to. 12. Due to. 13. Due to. 14. Due to. 15. Due to. 16. C) If alive, give age. 18. AGE: Years 19. Due to. 19. Due	6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
8. AGE: Years Mopths Days If less than one day 5 4 3 27 hrs. min. 9. Birthpiece December Letty Molarity My Due to My Due to Due Due to Due	7. Birth date of	
8. Birthpiece December Letty Mountain My 10. Usual occupation. 11. Industry or business 1 12. Name. 12. Name. 13. 37 14. 3 15. Manual Due to. 16. Manual Due to. 17. Manual Due to. 18. Due to. 19. Due to. 19. Due to. 11. Due to. 11. Due to. 12. Name. 13. Due to. 14. Due to. 15. Due to. 16. Due to. 17. Due to. 18. Due to. 19. Due to.		Immediate cause of death. DURATION
1D. Usual occupation. 11. Industry or business 12. Name	54 3 27hrsmin.	- Han
11. Industry or business 12. Name Discharge Difference Differ	9. Birthpiece Decembre leity Mauster my	Due to Agoenteuseur &
E 12. Name aseph W. Gilchard Diher conditions.	10. Usual occupation. Heuseurfe	Due to
E may lead	11. Industry or business 1 CMMHame	
E may lead	= 12 Name Joseph N. Filchard	Other conditions
2 13. Birthplace		
(Include pregnancy within 3 months of death)		(Include pregnancy within 3 months of death)
14. Maiden name Dunday F. Haneach 15. Birthplace Major findings of operations. Dafe of op.	14. Malden name Dussam & Noncoch	Major findings of operations
≥ 15. Birthplace // Wysterned	E 15. Birthplace // Wysama	Date of op.
M. Burrell B. Pilchard Antony results	M. Rurell B. Pelchart	Antopsy results.
16. informant Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	16. Intermant 4.5. All Market and Control of the Co	
Address (NIAMILLE IIIII)	Address Mudlille My	
22. VIOLENCE: If death was due to external causes, fill in the following;	AB Xea 2 alula	
Date thereof (month) (day) (year) Accident, suicide, or homicide. Date of Da	(Borral eramation or removal Which?) Garage (month) (day) (year)	Accident, suicide, or homicide
Where did Injury occur?	1 dale trat	Where did injury occur? (City or town) (County) (State)
	Cemetery or crematory	
Location Injured at home, farm, Industry, public place (where?)	Leading Mudlitue 1114	Injured at home, farm, Industry, public place (where?)
Means of falury Injured at work?		
18. Funeral director	18. Funeral director	16. 0 (11:) 0
Address Snow Nelle 114 23. SIGNATURE 12. M. D. or other 1	Address Smow Nills filly	23. SIGNATURE TO M. D. or other
19. Registrar Address Auword M. Date signed 5 See		Address Freewofill me Date signed is seek



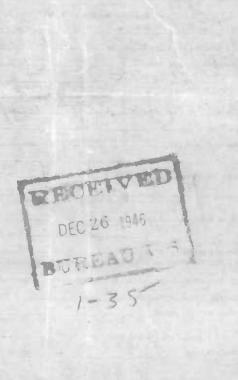
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

	1	25	5			_	
實	Reg.	Dist.	No.	3	5	5	0

. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Dunty Bank	State Mark County Darvices les
(If outside city or town limits, write RURAL and give nearest towo)	City or town Berlin a
ow long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
ospital, institution, or street address where death occurred: $ ilde{U}$	Streef No
	(If rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name war
De Harry Selby Purnell	3. (b) Social Security Number
Sex 5. Colog or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married.	20. DATE OF DEATH. 12-20 15/10, at 9-M
El dith K Purmell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.(b) Hame of husband or wife	12-1-40 19 10 12-20-410
Birth date of	and that I last saw h 1 Mailye on 12 20 46
deceased (mo., day, yr.) Sept. 3 1879	Immediate cause of death DURATION
B. AGE: Years Months Days It less than one day	4 Diemia
67 3 17hrsmin.	
Birthplace (Town, county, and state)	Due to Chronic Dat Nap's
D. Usual occupation Peters army direction	Due to
1. Industry or business	COLLEGE STREET
12. Name	Dither conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
E 15. Birthplace	Date of op.
6, Interment on Harris & Pumill &	Autopsy results.
Address Barling mid	PHYSICIAN: Please anderline the easse to which death should be charged statistically.
0 11 12 12 144	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Pauls	Where did injury occur?
a. o. m.	Injured at home, tarm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director American Suntage	9 1 1 1
Address Beilin md.	Of land & yout min.
Des 27 W Dalan of the word	23. SIGNATURE M. D. or other
Date rec'd by registrar) Registrar	Address Date signed 2.2.1.46



4181 8 1879

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (737)

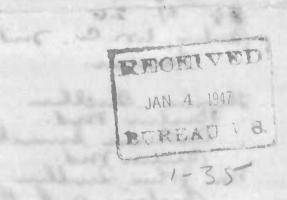


12558

CERTIFICATE OF DEATH

og. Dist. No. 355

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother). State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced That White Surger 8.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH. 12-50 15-0 at 6 M 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 15-0 to 12-30 15-46
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day 2 6 hrs. min. 9. Birthplace County, and state)	and that I tast saw h. 177, alive on
10. Usuat occupation	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant	Actopsy results
Cemetery or crematory Location 18. Funeral director Address Bull 19. 12-31- 19. 44 Day Day Day Day Day Day Day D	Where did Injury occur?



the in I. duller

Berg. 14, 1858

mile water single.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 933



CERTIFICATE OF DEATH

	3	12:	559
*	Reg.	Dist. P	1° 30 F

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give/residence of mother) State County City of lown. (If outside city or town limits, write RURAL and give nearest street No. (If rural, give LOCATION)	•••••
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Juetta le smack	3. (b) Social Security N	umber
1. Sex 5. Color or race 8.(a) Single, married, widowed, or divoked Married White Married	20. DATE OF DEATH LECUMBER 15 19.46	
6.(b) Name of husband or wife. While O' Omach	21. I CERTIFY that death occurred on the date above stated; that I attended deceas	
7. Birth date of	15 200 19 26 to 1.5 cle and that I last saw h 20 alive on 10 dec	160
deceased (mo., day, yr.) Ollf. 2 - 1881	Immediate cause of death Chronic Segeneration	OURATION
8. AGE: Years Months Days If less than one day	myreasiti	
66. 10 B min.		
9. Birthplace Fucture of Och (Rown, county, and state)	Due to Obsity	mo.
10. Usuat occupation / Lousurfe	Due to	***************************************
11. industry or business (my form)		100.0
12. Name Storge Consults 13. Birthplace	Diher conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations.	
≥ 15. Birthplace	Date of op	
16. Interment My Unthing & Smark	Autopsy results	atistically.
Address Newark, My		
17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Dawly Machine Company	Where did Injury occur?	
Munis	Injured at home, farm, Industry, public place (where?)	
Location Down By James 1	Means of Injury Injured at work?	
Address Thou Hill MC	23. SIGNATURE Glerman a Raphus In	2
19. 129/69 146 REPOY Smith		other 6 Dec 46
(Date red'd by registrar) Registrar	Address Date signed	d

DEC 18 1946

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (27)

CERTIFICATE OF DEATH

12560 Reg. Dist. No. 354

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Wascuster	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County Wor culu City or town Nr. Stack ton
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME /2	3. (b) Social Security Number
Carbara A. Wallog	5. (0) Buttat Beturny Muniver
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple Coloud Single.	
	20. DATE DF DEATH 19 M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
A CONTROLLISH CONTROL OF THE PROPERTY OF THE P	196/6 10 Km Colet 18pp
7. Birth date of years	and that I jast saw harmonily on 19
deceased (mo., day, yr.) October 3, 1946.	
8. AGE: Years Months Bays It less than one day	B
0 2 1/min.	And the state of t
9. Birthplace / form town	Due to
(Town, county, and state)	
18. Usual occupation	Due to.
11. Industry or business	HUG 1V
12. Name Thomas Wallop 13. Birthplace Horn town Vinginia	Other conditions
	(include pregnancy within 8 months of death)
14. Maiden name Doris 15. Birthplace Itorn town Winginia	
5 1/2 4-12 Or. a.	Major findings of operations.
El 15. Birthplace Horn Town II ugine	Date of op.
16. Informant Thomas 13: Wallop	Autopsy results
Address Stock Ion, Md.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
0 1 1 10	22. VIOLENCE: It death was due to external causes, till in the tollowing:
17 During Date thereof December 17 19	Recident, suicide, or homicide
(Burial, cremation, or remoyal. Which?)	
Cemetery or crematory	Where did injury occur?
Location Horntown Mingine	Injured at home, tarm, Industry, public place (where?)
1601-101	Maans of Injury Injured at work?
18. Funeral director	Treate of many
Address Accomac Vinginia	- Veren
	23. SIGNATURE. M. D. or other
19. Lec 16 1946 May Maylor	M. D. or other
Illanda manist has manustanay)	Indeed In



THE REPORT OF THE PROPERTY OF

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

12561 Reg. Diat. No. 3500

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State Many County Co
3.(a) FULL NAME Edward W. W	3. (b) Social Security Number
4. Sex Sex Se	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 19. 46. and that I last saw harm alive on 18. 46. Immediate cause of death Duration DURATION DURATION
6. Birthplace Compation. 10. Usuat occupation. 11. Industry or business	Due to
13. Birthplace H. Maiden name 15. Birthplace 16. Informant 17. The state of the	(Include pregnancy within 3 months of death) Major fiadings of operations. Bate of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17 Burial, cremation, or removal, Which? Cemetery or crematery (Least The Company of Comp	22. VIOLENCE: 1t death was due to external causes, fill in the following: Accident, suicide, or homicide
16. Funeral director The second of the City M. Address Poco Tooke City M. 19. Dec. 19. 19. 46 Anne E. Dhita. Registrar Registrar	1,23. SIGNATURE Ouis 4. Devely M. D. of other Address. Date signed 12-17-46,

